City of Tempe P. O. Box 5002 31 East Fifth Street Tempe, AZ 85280 480-350-8341, Option 2 www.tempe.gov/tdsi



Development Services Department Building Safety Division

APPLICATION FOR EXAMINATION FOR MAINTENANCE ELECTRICIAN'S CERTIFICATE OF REGISTRATION

<u>Instructions</u>: Please type or print the information requested below, read the attached Requirements and sign the application. Please submit to the Building Safety Division at the address listed above.

1.	Name:			
	First	Middle Initial	Last	
2.	Street Address:			
	City, State, Zip:			
3.	Telephone No.			
		Home	Office	
4.	Do you now hold, or have y	ou ever held a license as an Elec Yes No		
	If yes, in what City and Stat	e		
		City	State	
5.	How many years' experience have you had in the electrical industry?			
	Give a brief review of your experience or training in the electrical industry.			
6.	For whom will you be employed as a Maintenance Electrician?			
	Name of Company			
	Address of Company:			
	Type of Business:			
7.	How many full-time plant m	aintenance personnel will you sup	pervise?	

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	pplication and the Requirements for Maintenance
<u> </u>	n (attached) and understand that a violation of said on or revocation of a Maintenance Electricain's
Certificate.	on or revocation of a Maintenance Liectificants
Certificate.	
Date	Signature of Applicant
Date	digitature of Applicant

For City of Tempe Use Only				
Date Application Received:	Application Reviewed By:			
Fee Amount Paid & Validation:				
Examination Date:				
Exam Corrected By:	Grade Received (%):			
Applicant Notified of Grade:	Certificate Mailed:			
File Notated:	·			

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